

Utah State Hospital Policies and Procedures Disaster Plan

Manual is currently being revised.

These are general instructions for a disaster situation.

(Special instructions for a "**Mock Disaster Drill**" are found in section IV)

- I. When the disaster plan is implemented
 - A. The switchboard operator announces "**Code D**," using the overhead page and two-way radios.
 - B. The heating plant whistle sounds 3 short blasts and 1 long continuous blast.
 - C. Runners are dispatched by the Command Center to each area of the Hospital.
 - D. The **Command Center** may designate **Stand-by** or **Full Alert** status.
 1. Stand-by Alert is used for a potential disaster situation, or for areas of the hospital not directly affected by the disaster situation.
 2. Full Alert is used when the entire hospital is affected by the disaster situation.
- II. If a **Stand-by Alert** is called:
 - A. Report to your own work area, returning from lunch, breaks, etc.
 - B. Read and complete the general (Tab 1) and unit/service (Tab 2) instructions for disaster response.
 - C. Collect and prepare disaster supplies, equipment, etc.
 - D. Assess employees available to meet the needs of a disaster situation.
 - E. One person from each unit/service (supervisor or designee) reports to the Heninger Building large classroom with information about unit/staff/patients and to receive further instructions.
 - F. Perform activities in your own work area, until the alert is canceled or upgraded.
- III. If a **Full Alert** is called:

- A. Report immediately to your own work area. All breaks, lunches, etc. are canceled. *Stay at work until relieved by your supervisor* (even if your shift has ended).
- B. Turn two-way radio to channel 2-E or 13.
- C. Read and complete the general and specific unit/service instructions for disaster response.
- D. Collect and prepare disaster supplies, equipment, etc.
- E. Determine if the unit/service is adequately staffed and supplied for the incident.
 - 1. Notify the unit/service manager if he/she is not on the unit.
- F. Send a unit/service representative (manager or designee) to the large classroom in the Heninger Building for instructions and details about the situation from a member of the command center (administrator or designee).
 - 1. Notify Command Center if additional employees, supplies, or equipment are needed.
- G. Send extra employees, as directed by the Command Center, to the Heninger Building gym, where they are assigned to areas needing additional staff..
 - 1. If directed, call in additional employees from home.

Additional Information:

Turn to Tab 2 for:	Code D: Unit/Service Instructions
Turn to Tab 3 for:	Specific Disaster/Emergency Situations
	Code 10: Security
Turn to Tab 4 for:	Code Red: Fire Plan
Turn to Tab 5 for:	Code Blue: Medical Emergency

Numbers and locations for Code D alert:

44200.....	Command Center.....	Executive Offices/
44250.....	Command Center.....	Executive Conference Room
44268.....	Emergency Support Staff.....	Heninger Gym/Break Room
44580.....	Public Relations.....	Excel
44580.....	Family Waiting and Information....	Excel
44249.....	Briefing Room.....	Heninger Large Classroom

IV. **Mock Disaster Drill** *Special Instructions:*

If a mock disaster alert is made overhead, follow all disaster protocol including the following:

- A. Check in with your unit/service area. If you do not have a further specific disaster plan assignment, carry on with your regular assignments. However, be alert to any overhead pages/two-way radio notices giving you further instructions.
- B. If you are asked to report to an assigned area, check in with the person over that area (ex. Employee Emergency Support Pool). Once you have checked in, and do not have further disaster plan responsibilities, you may return to your unit/service to resume regular assignments.
- C. Even though this is only a drill, carry out all disaster assignments and duties.
- D. All business, except essential hospital business, is discontinued during the drill. Once the drill is over, normal business may resume.
- E. Following the drill, representatives from each unit/service, the Command Center and the Emergency Preparedness Committee members meet briefly in the large Classroom in the Heninger Building to evaluate the drill.

- I. To evacuate:
 - A. If the unit is deemed unsafe, the Unit Administrator or designee or Command Center makes the decision for patients and staff to evacuate.
 - B. When evacuation is required, everyone must leave the unit or building. Know where evacuation maps are posted and where exits are located. Check the fire console before evacuating to determine a safe evacuation route.
 - C. All employees and patients assemble in the designated safe area, i.e. day room.
 - D. Assign one-to-ones to those patients in seclusion or restraints or those who may be considered to be an AWOL risk.
 - 1. Patients, who may be in restraints or seclusion at the time of the evacuation notification, may be shackled and handcuffed for transportation to the evacuation site as needed.
 - E. An assigned employee, with a check list, checks off each patient as he or she leaves the building.
 - F. The buddy system is used to assign a responsible patient to a less responsible patient until the procedure is completed.
 - G. Patients and employees file in an orderly manner two by two, down the hall and out the nearest safe exit, according to the fire evacuation routes posted on each unit.
 - H. Employees and patients meet in the unit's designated place to gather as the entire building is evacuated.
- II. Return to Unit
 - A. Return to unit only when notified by Security that building is safe for re-entry.
- III. Prolonged Evacuation
 - A. In the event of a prolonged evacuation, the Command Center assigns patients to an inside location, deemed safe by Security. Possible locations include:
 - 1. Heninger Building gymnasium
 - 2. Chapel
 - 3. Youth Center Multipurpose Room

4. Rampton Cafeteria

IV. Staff remain with patients at all times.

<u>UNIT</u>	<u>INITIAL EVACUATION SITES</u>
CHILDREN'S	East lawn by orchard drive
ADOLESCENT	West side of playground
NORTHEAST	Outside NE of Rampton Building
NORTHWEST	Outside of NW of Rampton Building
SOUTHEAST	Outside SE of Rampton Building
SOUTHWEST	Outside SW of Rampton Building
LHU	East side of playground
GERIATRIC	West lawn in from of Hyde Building
FORENSIC	Hyde Building Sports Court

Note: INDOOR SITES in the event of a PROLONGED EVACUATION are assigned by the Command Center.

- I. **If Code D (Disaster) Stand-by alert** is announced:
 - A. Return to unit and check in with supervisor/designee.
 - B. Take roll call of patients and staff on duty.
 - C. Assess unit situation.
Verify unit is secure and all patients and staff are accounted for.
 - D. Take inventory of unit disaster supplies (ex. Flashlights, lanterns, medical supply disaster kits, IV trays, extra blankets, etc.)
 - E. Patients and staff to remain on unit until alert canceled or upgraded to full alert.
- II. **If Code D (Disaster) Full Alert** is announced:
 - A. Complete above instructions for stand-by alert.
 - B. Identify unit needs.
 - 1. On week days - responsibility of SMT (Service Management Team: Unit Administrative Director, Unit Clinical Director, Unit Nursing Director)
 - 2. On evenings, nights, weekends, or holidays - responsibility of Unit RN with assistance of nursing staff.
 - C. **Turn two-way radio to channel 2-E or 13**
 - D. Unit manager or designee reports to Classroom 21 to receive information
 - 1. Being information about significant patient and staff status
 - 2. Notify Command Center if additional employees, supplies, or equipment are needed.
 - E. Follow instructions from Command Center

- I. To evacuate:
 - A. If the unit is deemed unsafe, the Unit Administrator/designee or Command Center makes the decision for patients and staff to evacuate.
 - B. When evacuation is required, everyone must leave the unit or building.
 - 1. Know where evacuation maps are posted and where exits are located.
 - 2. Check the fire console before evacuating to determine a safe evacuation route.
 - C. All employees and patient assemble in the designated safe area, i.e. day room.
 - D. Assign one-to-ones to those patients in seclusion or restraints or those who may be considered to be an AWOL risk.
 - E. An assigned employee, with a check list, checks off each patient as he or she leaves the building.
 - F. Patients and employees file in an orderly manner two by two, down the hall and out the nearest safe exit, according to the fire evacuation routes posted on each unit.
 - G. Employees and patients meet in the unit's designated place to gather: **east lawn by orchard drive** as the entire building is evacuated.
 - H. Notify Command Center of patient/employee status.
- II. Return to Unit
 - A. Return to unit only when notified by Security that building is safe for re-entry.

- I. If **Code D (Disaster) Stand-by alert** is announced:
 - A. Return to unit and check in with supervisor/designee.
 - B. Take roll call of patients and staff on duty.
 - C. Assess unit situation.
Verify unit is secure and all patients and staff are accounted for.
 - D. Take inventory of unit disaster supplies (ex. flashlights, lanterns, medical supply disaster kits, IV trays, extra blankets, etc.)
 - E. Patients and staff to remain on unit until alert canceled or upgraded to full alert.
- II. If **Code D (Disaster) Full Alert** is announced:
 - A. Complete above instructions for stand-by alert.
 - B. Gather patients and staff in a central place
 - 1. If the disaster involves the Beesley Building, use Youth Center
 - 2. If the disaster involves the Youth Center, use Beesley Building
 - 3. If both Beesley Building and Youth Center are involved, evacuate outside (see evacuation plan).
 - C. Identify unit needs.
 - 1. On week days - responsibility of SMT (Service Management Team: Unit Administrative Director, Unit Clinical Director, Unit Nursing Director)
 - 2. On evenings, nights, weekends, or holidays - responsibility of Unit RN with assistance of nursing staff.
 - D. **Turn two-way radio to channel 2-E or 13**
 - E. Unit manager or designee reports to Classroom 21
 - 1. Bring information about patient and staff status
 - 2. Notify command center if additional employees, supplies, or equipment are needed.
 - F. Follow instructions from Command Center

I. To evacuate:

- A. If the unit is deemed unsafe, the Unit Administrator/designee or Command Center makes the decision for patients and staff to evacuate.
- B. When evacuation is required, everyone must leave.
 - 1. Know where evacuation maps are posted and where exits are located.
 - 2. Check the fire console before evacuating to determine a safe evacuation route.
- C. All employees and patient assemble in the designated safe area
 - 1. Beesley Building or Youth Center, if deemed safe
- D. Assign one-to-ones to those patients in seclusion or restraints or those who may be considered to be an AWOL risk.
 - 1. Patients, who may be in restraints or seclusion at the time of the evacuation notification, may be shackled and hand-cuffed for transportation to the evacuation site, as needed.
- E. An assigned employee, with a check list, checks off each patient as he or she leaves the building.
 - 1. The buddy system is used to assign a responsible patient to a less responsible patient until the procedure is completed.
 - 2. Patients and employees file in an orderly manner two by two, down the hall and out the nearest fire exit, according to the fire evacuation routes posted on each unit.
- F. Employees and patients meet in the unit's designated place:
 - 1. Inside: Youth Center or Beesley if deemed safe
 - 2. Outside: **West side of playground**

II. Return to Unit

- A. Return to unit only when notified by Security that building is safe for re-entry.
- B. Prolonged evacuation site assigned by Command Center if necessary.

- I. If **Code D (Disaster) Stand-by alert** is announced:
 - A. Return to unit and check in with supervisor/designee.
 - B. Take roll call of patients and staff on duty.
 - C. Assess unit situation.
Verify unit is secure and all patients and staff are accounted for.
 - D. Take inventory of unit disaster supplies (ex. flashlights, lanterns, medical supply disaster kits, IV trays, extra blankets, etc.)
 - E. Patients and staff to remain on unit until alert canceled or upgraded to full alert.
- II. If **Code D (Disaster) Full Alert** is announced:
 - A. Complete above instructions for stand-by alert.
 - B. Identify unit needs.
 1. On week days - responsibility of SMT (Service Management Team: Unit Administrative Director, Unit Clinical Director, Unit Nursing Director)
 2. On evenings, nights, weekends, or holidays - responsibility of Unit RN with assistance of nursing staff.
 - C. Unit charge RN makes assignments to unit staff:
 1. Assign person to monitor radio communication with the Command Center
 - a. **Turn two-way radio to channel 2-E or 13**
 2. Gather all patients and staff in central location
 - a. Remain in central location, unless directed to evacuate.
 3. Prepare to collect any emergency supplies needed for evacuation
 - D. Unit manager or designee reports to Classroom 21 to receive information
 1. Bring information about significant patient and staff status
 2. Notify Command Center if additional employees, supplies, or equipment are needed.

E. Follow instructions from Command Center

- I. To evacuate:
 - A. If the unit is deemed unsafe, the Unit Administrator/designee (ex. Charge RN) or Command Center makes the decision for patients and staff to evacuate.
 - B. When evacuation is required, everyone must leave.
 - 1. Know where evacuation maps are posted and where exits are located.
 - 2. Check the fire console before evacuating to determine a safe evacuation route.
 - C. All employees and patients assemble in the designated safe area
 - D. Assign one-to-ones to those patients in seclusion or restraints or those who may be considered to be an AWOL risk.
 - 1. Patients, who may be in restraints or seclusion at the time of the evacuation notification, may be shackled and hand-cuffed for transportation to the evacuation site, as needed.
 - E. An assigned employee, with a check list, checks off each patient as he or she leaves the building.
 - 1. The buddy system is used to assign a responsible patient to a less responsible patient until the procedure is completed.
 - 2. Patients and employees file in an orderly manner two by two, down the hall and out the nearest fire exit, according to the fire evacuation routes posted on each unit.
 - F. Employees and patients meet in the unit's designated place:
 - 1. **North East - Outside NE of the Rampton Building**
 - 2. **North West - Outside NW of the Rampton Building**
 - 3. **South East - Outside SE of the Rampton Building**
 - 4. **South West - Outside SW of the Rampton Building**
 - G. Notify Command Center of unit status.
 - H. Staff remain with patients and maintain a secure environment.
- II. Return to Unit
 - A. Return to unit only when notified by Security that building is safe for re-entry.

- B. If necessary, prolonged evacuation site assigned by Command Center.

- I. **If Code D (Disaster) Stand-by alert** is announced:
 - A. Return to unit and check in with supervisor/designee.
 - B. Take roll call of patients and staff on duty.
 - C. Assess unit situation.
Verify unit is secure and all patients and staff are accounted for.
 - D. Take inventory of unit disaster supplies (ex. flashlights, lanterns, medical supply disaster kits, IV trays, extra blankets, etc.)
 - E. Patients and staff to remain on unit until alert canceled or upgraded to full alert.
- II. **If Code D (Disaster) Full Alert** is announced:
 - A. Complete above instructions for stand-by alert.
 - B. Gather patients and staff in a central place.
 - C. Identify unit needs.
 1. On week days - responsibility of SMT (Service Management Team: Unit Administrative Director, Unit Clinical Director, Unit Nursing Director)
 2. On evenings, nights, weekends, or holidays - responsibility of Unit RN with assistance of nursing staff.
 - D. **Turn two-way radio to channel 2-E or 13**
 - E. Unit manager or designee reports to Classroom 21
 1. Bring information about patient and staff status
 2. Notify command center if additional employees, supplies, or equipment are needed
 - F. Follow instructions from Command Center

- I. To evacuate:
 - A. If the unit is deemed unsafe, the Unit Administrator/designee (ex. Charge RN) or Command Center makes the decision for patients and staff to evacuate.
 - B. When evacuation is required, everyone must leave.
 - 1. Know where evacuation maps are posted and where exits are located.
 - 2. Check the fire console before evacuating to determine a safe evacuation route.
 - C. All employees and patients assemble in the designated safe area
 - D. Assign one-to-ones to those patients in seclusion or restraints or those who may be considered to be an AWOL risk.
 - 1. All available staff (Psychiatrists, Psychologist, Social Workers, Recreation Therapists, etc.) Report to the east side.
 - 2. All high risk patients on the East side are assigned a responsible one-to-one using staff members who are available.
 - 3. Patients, who may be in restraints or seclusion at the time of the evacuation notification or who are a security risk, may be shackled and hand-cuffed for transportation to the evacuation site, as needed.
 - E. An assigned employee, with a check list, checks off each patient as he or she leaves the building.
 - 1. The buddy system is used to assign a responsible patient to a less responsible patient until the procedure is completed.
 - 2. Patients and employees file in an orderly manner two by two, down the hall and out the nearest fire exit, according to the fire evacuation routes posted on each unit.
 - F. Employees and patients meet in the unit's designated place to gather:
 - 1. **Sports Court**
 - G. Notify Command Center of unit status.
 - H. Staff remain with patients and maintain a secure environment.

II. Return to Unit

- A. Return to unit only when notified by Security that building is safe for re-entry.
- B. If necessary, prolonged evacuation site assigned by Command Center.

- I. **If Code D (Disaster) Stand-by alert** is announced:
 - A. Return to Food Services and check-in with supervisor/designee.
 - B. Take roll call of patient industrials and staff on duty.
 - 1. Assist patient's return to unit
 - C. Take inventory of disaster supplies
 - D. Employees to remain in Food Services until alert canceled or upgraded to full alert.
- II. **If Code D (Disaster) full alert** is announced:
 - A. Complete above instructions for stand-by alert.
 - B. Identify Food Services needs.
 - C. **Turn two-way radio to channel 2-E or 13**
 - D. Unit manager or designee reports to classroom 21
 - 1. Bring information about employee status
 - 2. Notify Command Center if additional employees or supplies are needed
 - E. Follow instructions from Command Center

- I. Evacuation Instructions:
 - A. Evacuate immediately when fire alarm sounds or if announced by switchboard.
 - B. If Food Services is deemed unsafe, the Director of Food Services/designee or Command Center makes the decision to evacuate.
 - C. Assign employees to stay with patients on industrials, until patients can be escorted by Food Service staff to their units, and checked-in by unit staff.
 - D. Exit by the nearest door to a safe distance from the building.
 - 1. *Remember: You cannot re-enter the building until cleared by Security.*
 - E. Prevent other people from entering the building until it is deemed safe for re-entry by Security Officers.
 - F. If evacuating in response to disaster situation, notify Command Center for status.
- II. Security officers notify employees when buildings are safe for re-entry.
 - A. In case of prolonged evacuation, follow directions from Command Center.

- I. **If Code (Disaster) Stand-by alert** is announced:
 - A. Return to laundry. Check in with supervisor/designee.
 - 1. If patients are working with staff, have them remain with you until you can escort them to their unit, and check them in.
 - B. Remain in laundry work area.
 - C. **Turn radio to Channel 2-E or 13.** Keep radio on.
 - D. Supervisor/designee of Housekeeping reports to Command Center.
 - E. Follow directions of Command Center.
- II. **If Code D (Disaster) Full Alert** is announced:
 - A. Return to laundry. Check in with supervisor/designee.
 - B. Complete above instructions for Stand-by Alert.
 - C. Supervisors/designees report to Command Center with work area information.
 - 1. Immediate problems in work area
 - 2. Staff availability to assist in other areas
 - D. Follow instructions of Command Center.

- I. **If Code D (Disaster) Stand-by alert** is announced:
 - A. Return to Facilities Shop. Check-in with supervisor/designee.
 - 1. If patients are working with staff, have them remain with you until you can escort them to their unit, and check them in.
 - B. Remain in work area.
 - C. **Turn radio to Channel 2-E or 13.** Keep radio on.
 - D. Supervisor/designee of Facilities Management reports to Command Center.
 - E. Follow directions of Command Center.
- II. **If Code D (Disaster) Full Alert** is announced:
 - A. Return to Facilities Shop. Check-in with supervisor/designee
 - B. Complete above instructions for Stand-by Alert.
 - C. Supervisors/designees report to Command Center with work area information
 - 1. Immediate problems in work area
 - 2. Staff availability to assist in other areas.
 - D. Follow instructions from Command Center

- I. Evacuation instructions:
 - A. Evacuate immediately when fire alarm sounds or if announced by switchboard.
 - 1. If you have a patient working with you, keep them with you until you can return with them to their unit and check them in.
 - B. Check with Supervisor/Security if you are needed to determine the safety of a building.
- II. Re-entry instructions:
 - A. Re-enter building when notified by Security that it is safe.

- I. **If Code D (Disaster) Stand-by alert** is announced:
 - A. Check-in with supervisor/designee.
 - B. Assess situation - report any immediate problems in work area to supervisor.
 - C. Remain in work area. Take inventory of disaster supplies.
 - D. Be aware of visitors in the building. Provide assistance.
 - E. Supervisor/designee goes to the Heninger large classroom for a briefing.
- II. **If Code D (Disaster) Full Alert** is announced:
 - A. Check-in with supervisor/designee.
 - B. **Turn two-way radios to channel 2-E or 13.**
 - C. Complete above instructions for Stand-by Alert.
 - D. Supervisors/designees report to Command Center with work area information.
 - 1. Immediate problems in work area
 - 2. Staff availability to assist in other areas
 - E. Follow instructions from Command Center/Supervisor.
 - 1. Report to the Employee Emergency Support Pool in the Heninger Gym as instructed.
 - F. Check-in on arrival at Heninger Gym. Assist in other areas of the Hospital as directed.

- I. Evacuation instructions:
 - A. Evacuate immediately when fire alarm sounds or if announced by switchboard. If you are in the same room as your purse/wallet, coat, take them with you.
 - B. Secure your work area, as instructed by supervisor.
Close, but do not lock doors.
 - C. Exit by the nearest door to the parking lots around the building.
Remember: You cannot re-enter the building until notified by Security.
 - D. Prevent other people from entering the building.
- II. Re-entry
 - A. Security notifies you when the building is safe for re-entry.

EVACUATION LOCATION:

Heninger Building parking lots

SPECIFIC DISASTER SITUATIONS

Violence: Code 10

Bomb Threat

Earthquake

Hostage

Power Outage

Loss of Telephone

Toxic Cloud

- I. The purpose of CODE 10 is to obtain additional staff to assist in calming a potentially violent patient.
 - A. The unit RN, or designee, notifies the Switchboard Operator if additional support is needed to control a patient who is escalating and potentially violent
 - 1. The RN or designee requests the Switchboard Operator to announce CODE 10 for the building, or the entire Hospital, depending on the amount of support needed.
 - B. The Switchboard Operator announced CODE 10 and the location, via two-way radio and/or the overhead public address system.
 - 1. The Switchboard Operator notifies Security of the CODE 10.
 - C. All available employees, who have been trained in SIT (Safety Intervention Techniques), respond immediately to the CODE 10.
 - D. Do not use CODE 10 in a hostage situation
 - 1. See **Disaster Specific Information: Hostage** in this section, for specific instructions for hostage situations.

- I. **If you are the person who is on the phone with the caller of the bomb threat, keep the person on the line as long as possible.**
- A. Be calm and courteous. Listen carefully. Do not interrupt the caller.
 - B. Write down the exact words which are spoken by the caller.
 - C. Write down anything else noticed about the caller such as accent, characteristics of speech and voice, and manner (calm, coherent, angry).
 - D. Write down background noises ex. Trains, a factory, music, children, animals.
 - E. **Ask:**
 - 1. **When will the bomb go off?**
 - 2. **Where is the bomb located?**
 - 3. **What kind of bomb is it?**
 - F. Was there anything said which would indicate the identity of the caller?

- II. **Things to do once a bomb threat has taken place:**
- A. Immediately notify:
 - 1. Switchboard, 44222, who will notify:
 - 2. Hospital Security (44251), who will notify Provo Police.
 - 3. Administrator/Administrator on call.
 - B. **DO NOT USE TWO-WAY RADIOS IN AREA AT RISK FOR BOMB**
 - C. **EVACUATE**
 - D. The administrator/designee will notify the Command Center members as follows:
 - 1. Assistant Superintendent (44204) or Assistant Clinical Director (44203)
 - 2. Nursing Administrator (44258) or SSRN (44262)
 - 3. Director of Facility Management (44741)
 - 4. Hospital Security Chief (44251)

- E. Under the direction of the Command Center, a search may be initiated. Staff do not conduct a search unless specifically directed to do so. The Command Center:
1. Determines the depth of the search.
 2. Notifies the switchboard operator to announce **CODE D Stand-By** or **Full Alert** and pages all unit/service managers to come to the Heninger Building large classroom to be informed of the threat and receive instructions, including instructions for the search.
 3. Organizes the search and designates a search coordinator.
 4. Assigns a person to log in each department's conclusion of their unit search. Calls are to come to the administrator's office (44200)
 5. Each unit uses the following search procedure:
 - a. Conduct a search of the area as discreetly as possible. Avoid panic.
 - b. Search all areas, including patient care, staff, and storage areas.
 - c. Look for anything which does not seem to belong where it is (briefcase in trash can, unlabeled box, etc.)
 - d. Search public areas first, then search areas normally restricted to staff.
 - e. A 3-level method is used for searching:
 - 1) a ceiling-to-eye level search first,
 - 2) an eye-to-waist search second,
 - 3) a waist-level-to-ground search last.
 - f. Keep track of rooms or areas searched by placing a tape at the entrance.
 - g. At the conclusion of the search, check again to ensure all rooms and areas have been covered.
 6. If the location of the bomb is found, Provo City Police direct necessary actions to identify and dispose of the bomb.
 7. The search continues until all areas of the hospital have been searched.

8. When all areas have reported in without finding the bomb, the command center team consults regarding the cessation of the alert.
9. For 24 hours after the bomb threat alert, staff are to remain observant for suspicious-looking objects. If any are found, they are reported to the administrator.

I. **What to do during an earthquake:**

- A. Keep calm; do not panic.
- B. DO NOT ABANDON PATIENTS
- C. **If you are indoors, stay indoors**
 - 1. Protect yourself and especially your head by sitting under a desk, table, bench, or in doorways, halls and against inside walls. If nothing is available, kneel and cover your head with your arms.
 - 2. Keep away from shelving, files and other furniture which could fall and cause injury. Stay away from glass.
 - 3. Wait until the earthquake is over to evacuate the building. There may be increased chance for injury outside (falling brick, etc.)
- D. **If you are outdoors:**
 - 1. Move away from buildings, utility wires, trees, and steep slopes.
- E. **If you are in a moving vehicle,**
 - 1. Stop as quickly as safety permits, and STAY IN THE VEHICLE.

II. After the earthquake:

- A. Account for all patients
- B. Reassure and calm patients
- C. Care for the injured
- D. Do not enter structurally damaged room or hallways
- E. Check for fires
- F. Report all structural damage to the Command Center
 - 1. The Commander arranges for a person to assess the endangered areas if needed
 - 2. The Commander arranges for evacuation of patients and staff from endangered areas if needed.
 - a. Stay away from fallen or damaged wires

- b. Report any fallen or damaged wires to the Command Center
- G. DO NOT USE candles, matches, or other open flames
- H. If you smell gas:
 - 1. Remove patients to another area of the facility
 - 2. Report incident to the Command Center
 - a. Facility Management turns off master controls for all utilities within the facility
 - 1) Facility Management checks all utilities in facility for cracks, leaks, or any other type of damage.
 - 2) Utilities are left off until a utility representative or Facility Management has inspected the entire facility and indicated that it is safe to turn them back on.
- I. DO NOT pass rumors or exaggerated reports that may lead to more confusion or panic.

Hostage taking is a criminal offense. In the event that hospital personnel are involved in a situation in which a hostage is taken or there is a potential for patients, employees, and/or visitors to be taken hostage, law enforcement is notified immediately. The designated law enforcement takes charge of the investigation and resolution of the situation.

The following guidelines are used, if possible, in a hostage situation:

- I. Notify Switchboard Operator.
 - A. Dial 44222 to notify operator.
 - B. Tell the operator "Code D - Hostage" and the location.
(If possible, stay on the line without jeopardizing yourself and give the operator as many details as possible)
 1. Physical description
 2. Location of person
 3. Weapons
 4. Number of people involved
- II. Hospital operator notification
 - A. Operator notifies Provo Police (911).
 - B. Operator notifies Security by radio.
 - C. Operator notifies the following:
 1. Weekday:
 - a. Executive Staff
 - b. Unit/Service
 - c. Facilities
 2. Afternoon Nights, Weekend, Holidays:
 - a. SSRN
 - b. Administrator on call
 - c. Facilities on call
- III. Unit/Building Employees
 - A. Prevent access to the involved unit.
 - B. Hospital personnel do not go to the paged unit.
- IV. Security
 - A. Security Officers pick up, from nursing office, current list of staff assigned to the unit and census count for involved unit if occurring

on nursing unit.

- B. Security Officers meet incoming police officers and set up command center and work with police to monitor all exits.
- C. Security Officers provide master keys for police department and notify Facilities, Maintenance, and Switchboard of Command Center Location.
- D. Director of Facilities/designee proceeds to police command center with floor plans for hospital.
- E. Security Officers provide administration-on-call with radio, if necessary, and explosives are not suspected.
- F. Nursing Office prepares a list of current patients and unit assignments for command center.
- G. Employees directly involved in hostage situation:
 - 1. Remain calm and observant. Hostage situations are extremely volatile and dangerous in the first 5 to 10 minutes.
 - 2. Attempt to leave without being observe. Use stairways, not elevators. Attempt to move patients if possible. Again, if possible, do so without being noticed. Report to switchboard for location of command center and proceed there immediately.
 - 3. Use all powers of observation - note:
 - a. Physical description, clothing, speech, height, accents.
 - b. How many perpetrators
 - c. Behavior
 - d. Weapons
 - e. Location where the hostages taken
 - f. How many hostages and where they are
 - 4. Accept no orders from staff members held hostage unless their lives are in danger.
 - 5. Do not enter into hostage area.
 - 6. Police have the only authority for granting hostage taker demands.
 - 7. General guidelines for survival if taken hostage:
 - a. Remain calm - avoid displays of emotion
 - b. Do what you are told
 - c. Initially, do not speak unless you are spoken to. Do not volunteer anything.

- d. Keep a low profile; do not stand out.
 - e. Never argue, lie, confront or provoke your captor.
 - f. Get rid of symbols of authority; name tag and uniform, if possible.
 - g. Sit down, if possible, and act relaxed. Get rid of personal effects (i.e. photographs of spouse or children, keys etc.), if possible.
 - h. Don't try to negotiate with hostage taker unless under threat of being killed.
 - i. Try to rest, but remain alert and facing toward hostage takers.
 - j. Remain observant; you may be released. At times, it may be appropriate to ask for medication (nitro, insulin, etc.). Some hostage takers may release sick hostages.
 - k. If released, cooperate with police and Security Officers.
 - l. Expect noise and light if rescue attempt is made. Get on the floor immediately and stay down until told to move.
8. After incident, report to Heninger Building for stress debriefing and law enforcement interviews.

I. City Power off, Hospital Emergency Power on

- A. If the hospital loses incoming electrical power, the USH emergency power activates itself within 6 to 8 seconds.
 - 1. Red cover plated outlets and selected light fixtures are powered by this emergency system.
 - a. In the Medical Services Building, all outlets are powered by the Medical Services emergency generator.
 - 2. Verify that all ESSENTIAL hospital equipment is plugged into emergency circuits.
- B. During emergency power usage, the following conservation guidelines will be implemented until regular power is reestablished (Note: Conservation guidelines do not apply to routine tests of the system)
 - 1. Electrical equipment use is restricted to ESSENTIAL (ex. oxygen concentrators) hospital equipment.
 - 2. If power is needed where there is not an emergency red outlet, contact Facility Management, 44740, for assistance.
 - 3. Emergency power functions indefinitely until diesel fuel is used up.
 - a. The Hospital stores sufficient diesel fuel to provide electrical power for approximately _____.
 - b. As a precautionary measure, locate flashlights and other battery powered lighting.
 - c. Consider what to do for patients during a blackout.

II. All Power is off

- A. If the emergency system does not respond, or if it fails sometime during usage, do the following:
 - 1. Retrieve your flashlights for essential patient care areas, rooms, locations.
 - 2. Inform each patient of the power outage and reassure them of their safety, that "everything will be OK."
- B. It is critical that all patients and staff remain calm.

- C. The Command Center notifies managers as soon as information regarding the power outage is available. Do not call Facility Management for this information.
- D. If supplies/equipment (including additional lighting) are needed by a specific unit, and they are unable to locate them, contact the Command Center.
- E. Evacuation may take place. Review the unit evacuation plan and be ready to evacuate upon notification from the Command Center.

III. **Planning for a power outage**

In order to properly prepare for a power outage (complete or partial), consider the following:

- A. Do you have adequate flashlights (with extra bulbs and batteries) or other portable lighting readily available if needed?
- B. What other needs would you have if a full power outage occurred? What resources are necessary to meet patient care needs?

- I. If telephone service is lost, the Hospital Operator contacts the USH telephone service provider: Information Technology Services (ITS) by calling 9-1-800-678-3440 to re-establish telephone service.
- II. If the normal telephone service is lost, pay phones in the hospital may be in service and usable.
- III. If the normal telephone service is lost, ten trunk line phones are available for outgoing calls only:

Heninger Building	Executive Conf Room	44250
	Lobby	44266
Hyde Building	Forensic East - Tank	44450
	Geriatric East	44314
	Life Habilitation	44361
Rampton Building	North East	44433
	South East	44435
Beesley Building	Girls Youth Dorm	44501
Medical Services	Children's	44611
Facilities Mngmnt	Secretary's Office	44740

- IV. Cellular phones may be tried. However, they may not work depending on the extent of the telephone outage.
- V. Inter hospital communication takes place via two-way radios, which are assigned to every unit, and runners to the Command Center.
- VI. SCAT Team radio operators may be available for external hospital communication needs. Risk Management/Security is responsible to assess these needs and implement our community support radio system.

If Provo City Police and City HAZMAT Officials determine that a toxic cloud is in the immediate vicinity of Utah State Hospital the following actions take place:

- I. Administration determines what level of disaster alert to call. Unit staff implements the disaster alert as announced over the paging system.
- II. Air supply and exhaust fans are discontinued in all buildings. The supply fan is discontinued.
- III. All windows are immediately closed and locked.
- IV. To create an air-lock effect, hospital entrances/exits are closed and locked.
- V. If the toxic cloud is anticipated to last for an extended period of time, Facility Management will consider manually resetting the air handling system for complete recirculation of interior air.
- VI. Administration provides further information and instructions as needed.

I. PURPOSE

Fire, no matter where it strikes, is a terrifying occurrence that can result in tragedy. When a fire starts in a hospital, the potential for tragedy is all the more real because of the number of things that can burn and the fact that evacuation is difficult, at best. A small fire can produce large quantities of smoke that moves rapidly and kills quickly. If a fire alarm sounds, all employees, patients, and visitors in that building must evacuate.

II. ORGANIZATION

Upon arrival, the Provo City Fire Department assumes control and primary responsibility for fire suppression and containment.

III. IF A FIRE STARTS BY A **R-A-C-E-R**

RESCUE: Rescue patients and persons in immediate danger.

ALARM: Sound the alarm.

CONTAIN: close all doors and windows in the area; smother the fire if you can safely and quickly.

EXTINGUISH: Obtain the nearest fire extinguisher and fight the fire.

RELOCATE: Relocate to the next fire zone or as directed by Hospital Security.

NOTE: All hospital units are secure, therefore, all exit doors are locked. Staff monitor all exit doors to ensure that patients evacuate the units under staff supervision.

A. **R**ESCUE

1. Supervisors see that a search for patients and employees is completed in all closets, restrooms and places considered unsafe before closing off the hazard area.
2. Take a head count and report to the nursing supervisor the number of patients on the unit and those signed out or missing.
3. Employees should be aware of any disabled individuals. Supervisors ensure that disabled individuals are evacuated.
4. The elevator is not to be used. Individuals evacuate using the stairs.

B. **A**LARM A fire system alarm may be initiated in several different ways:

1. **SMOKE DETECTOR.** Detectors, upon sensing smoke or flame, initiate the alarm. The detector automatically notifies the Switchboard and the Alarm Company Central Station, who notifies the Provo City Fire Department.
2. **FIRE PULL BOX.** Personnel should first initiate a fire alarm by pulling down on a fire pull station. Use of the fire pull box initiates the alarm and containment system. Personnel insure that the alarm sounds and fire doors close.
3. **TELEPHONE.** Persons, by calling "44222", may turn in a fire alarm. Remember to report the details of who, what, and where. Notification by telephone DOES NOT initiate the alarm and containment system.
4. **FIRE SPRINKLER SYSTEM.** Intense heat from a fire activates the sprinkler heads allowing water to douse the flames. The flow of water through the system activates the alarm. Facility Management, Security, or the Fire Department are responsible for shutting off the water after the fire is out.

C. **C**ONTAIN

1. The hospital patient care areas are protected by detectors placed at strategic monitoring points.
 - a. When a pull box, sprinkler head, or smoke detector

is activated, an alarm sounds at the Switchboard and the Alarm Company Central Station. The Central Station notifies Provo Fire Department.

- b. The Fire Department calls the Switchboard for detailed information of the area in alarm.
 - c. The Provo City Fire Department or Hospital Security clears the fire condition and resets the fire alarm. Hospital Security notifies the Switchboard to reset the fire alarm in their area. Hospital Security then notifies unit personnel that the unit is cleared for re-entry.
- 2. Employees must insure that FIRE DOORS close and remain closed in the area of alarm.
 - 3. FIRE DOORS do not remain open in their normal position until the alarm has been cleared and the system reset.
 - 4. Close doors, but do not lock.

D. **E**XTINGUISH

- 1. All units are equipped with ABC type fire extinguishers. The extinguishers are located in all nursing stations. Please refer to the unit/service floor plan for locations. Food Services has additional BC extinguishers for deep fat fryers.
 - a. Class A Extinguishers - Ordinary Combustibles (Wood, paper, clothing, etc.)
 - b. Class B Extinguisher - Flammable Liquids (Paint, grease, gasoline, etc.)
 - c. Class C Extinguisher - Electrical Fires
- 2. When using a Fire Extinguisher, remember **P-A-S-S**
 - a. PULL - Pull the retention ring. You must break a plastic seal to remove the ring.
 - b. AIM - Aim the extinguisher at the base of the fire.
 - c. SQUEEZE - Squeeze handle to discharge the spray.
 - d. SWEEP - Extinguish the fire in a sweeping motion, starting at the base of the fire.
 - e. REMEMBER:

- 1) Extinguishers are effective for 15 - 20 seconds. USE THEM EFFECTIVELY.
- 2) To be effective, you must get close enough to feel the heat from the fire.

E. **R**ELOCATE

- A. Employees and patients meet in the unit's designated place (specify for each building) to gather as the entire building is evacuated.
- B. If an extended evacuation is required, security personnel determine safe indoor locations.
- C. The Command Center directs unit to a USH extended evacuation site, which may include:
Heninger Building Gymnasium
Youth Center Multi-Purpose Room
Chapel
Rampton Cafeteria
- D. If necessary, the Command Center directs further evacuation to a Red Cross shelter site.

The Utah State Hospital uses a CODE BLUE message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A CODE BLUE message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff.

- I. Any staff member(s) discovering a patient with a cardiac/respiratory arrest immediately uses the emergency number "44222" to contact the switchboard.
 - A. Do not hang up on the switchboard operator until it is clear that the operator has the entire message correct.
 - B. The staff member discovering the patient is responsible for initiating CPR.
- II. The following message (or something similar) is given to the switchboard:

"I am _____ (name) _____ from _____ Unit. I need to report a cardiac and/or respiratory arrest in _____ (location) _____. Please announce a CODE BLUE."
- III. The switchboard's response is to immediately:
 - A. Notify the entire hospital of the emergency situation by using the following message over the public-address system and two-way radios:

"Attention please. Attention please. CODE BLUE, _____ Unit."
 - B. Notify the medical OD via the beeper system.
 - C. Notify security and on evenings, nights or weekends and holidays notify the shift supervisor via two-way radio.
 - D. Notify additional medical personnel via the beeper system.
 - E. Repeat the "CODE BLUE" message after approximately two minutes unless it has been canceled.
 - F. Await notification from unit personnel before the paramedics or EMT's are called.
- IV. Unit Medical/Nursing Personnel Response:
 - A. All MD's, NP's, RN's and LPN's go immediately to the identified area.

- B. The first new person on the scene assists the staff member (who discovered the patient) with CPR and life-saving measures.
 - C. The second person on the scene assists as needed and assumes recorder/coordinator role. This role is assumed by an RN or RNP if feasible.
 - D. Additional responders are assigned roles as needed, i.e., runner, telephone coordinator, traffic control, etc.
 - E. Psychiatric technicians may be pulled from other areas as needed to help with patients in emergency area.
- V. Same Building Medical/Nursing Personnel Response:
- A. All MD's, NP's, RN's and LPN's, who are able to leave their own area, go immediately to the identified area.
 - B. Relieve original staff as needed, assume roles as needed, and wait for assignments.
 - 1. The UND or the SSRN takes charge of the emergency and decides upon assignments after they arrive at the scene.
- VI. Other Building Medical/Nursing Personnel Response:
- A. All MD's, NP's, RN's and LPN's who are able to leave their own area report to the designated emergency area and receive assignments.
 - B. If sufficient numbers of personnel are available, return to assigned unit. Remain in telephone range and report to switchboard as to availability.
- VII. If possible, the unit assigns staff members or responsible patients to remain at the entrance of the unit to direct the emergency-response team to the area and to direct unnecessary traffic away from the area.
- A. If Security personnel are available, they direct emergency personnel to the area and direct unnecessary traffic away from the area.
- VIII. On the night shift, psychiatric technicians who can be spared from units (along with RN's), report to the CODE BLUE site to assist with emergency procedures.
- IX. Canceling the CODE BLUE Emergency Response:
- A. In the event that the situation is resolved shortly after the initial call into the switchboard, the unit is responsible for calling the switchboard and asking for an all-clear message to be given to all other units.

1. The switchboard uses the public address system to give the follow message:

**"Attention please. Attention please. CODE BLUE,
_____Unit. All clear."**

- B. If ambulance service is requested and obtained, the switchboard uses the all-clear message when the ambulance leaves the hospital.

X. Definition of Roles:

- A. **Recorder.** Takes notes of what procedures are used during an emergency response, i.e. IV's, NG's, etc., including medications. Time, person issuing orders, and person performing procedures are recorded. Recorder is responsible for filing a brief statement at the conclusion of the emergency for Nursing Services and Quality Improvement Offices.
- B. **Telephone Coordinator.** Responsible for contacting doctors for orders if no doctor is present at the scene. Calls into switchboard on status of emergency and requests additional assistance or equipment through runners or through the switchboard. Maintains a brief record of orders received and time involved. Turns brief report into recorder. Telephone coordinator should be an NP or RN.
- C. **Clinical Coordinator.** Assumes role to ensure adequate personnel are available and requests additional manpower or supplies of telephone coordinator. Makes assignments to RN's, LPN's, PT's and other disciplines as required. Scene coordinator should be an RN or NP.
- D. **Runner.** Receives directions from nursing staff treating patient, telephone coordinator, and scene coordinator to obtain supplies, direct traffic, etc.
- E. **Scene Coordinator.** Controls access to incident site. Directs fire department, police department responders to the site. Secures incident site. Scene coordinator is a Security Officer.